



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES**

Steven L. Beshear
Governor

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Janie Miller
Secretary

Elizabeth A. Johnson
Commissioner

October 15, 2008

Teresa DeCaro, RN, M.S.
Acting Associate Regional Administrator
Division of Medicaid and Children's Health Operations
Centers for Medicare and Medicaid Services
61 Forsyth Street, SW, Suite 4T20
Atlanta, Georgia 30303-8909

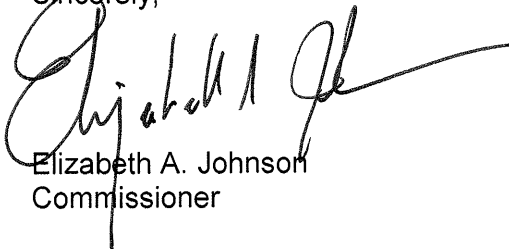
Dear Ms. DeCaro:

Kentucky Title XIX State Plan Transmittal No. 08-013
Peer Support Specialist Pilot

Enclosed for your review and approval is Kentucky Title XIX Transmittal Number 08-013. This plan amendment is a pilot in two of Kentucky's Community Mental Health Centers that adds the position of Peer Support Specialist. The Peer Support Specialist will be providing individual and group services under the supervision of a Qualified Mental Health Professional. The two Community Mental Health Centers participating in the pilot are Seven Counties and Four Rivers. Based on the performance of the pilot, we will consider implementing this across the state at a later date.

If additional information is needed, please contact my office at 502-564-4321.

Sincerely,

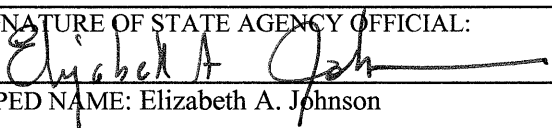


Elizabeth A. Johnson
Commissioner

EJ/RD/NW/SO/ks

Enclosure



TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 08-013	2. STATE Kentucky
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2009	
5. TYPE OF PLAN MATERIAL <i>(Check One)</i> : <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT <i>(Separate Transmittal for each amendment)</i>			
6. FEDERAL STATUTE/REGULATION CITATION: 42 C.F.R. 415.208, 431.52, 431 Subpart F		7. FEDERAL BUDGET IMPACT: a. FFY 2009 - savings of \$225,176 b. FFY 2010 -savings of \$330,258	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Att. 3.1-C pages 10.41-10.42		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT <i>(If Applicable)</i> : Same	
10. SUBJECT OF AMENDMENT: This plan amendment is a pilot in two of Kentucky's Community Mental Health Centers that adds the position of Peer Support Specialist. The Peer Support Specialist will be providing individual and group services under the supervision of a Qualified Mental Health Professional. The two Community Mental Health Centers participating in the pilot are Seven Counties and Four Rivers.			
11. GOVERNOR'S REVIEW <i>(Check One)</i> : <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Review delegated to Commissioner, Department for Medicaid Services <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Department for Medicaid Services 275 East Main Street 6W-A Frankfort, Kentucky 40621	
13. TYPED NAME: Elizabeth A. Johnson			
14. TITLE: Commissioner, Department for Medicaid Services			
15. DATE SUBMITTED: October 15, 2008			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED:	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME:		22. TITLE:	
23. REMARKS:			

ALTERNATIVE BENEFITS
STATE PLAN AMENDMENT
BENCHMARK BENEFIT PACKAGE
BENCHMARK EQUIVALENT PACKAGE

**Peer Support Services Pilot
Program Description**

The Peer Support Services Pilot targets Regions 6 (Seven Counties Services, Inc.) and 1 (Four Rivers Behavioral Health) of the Community Mental Health Centers (CMHC), which include the following counties: Bullitt, Henry, Jefferson, Oldham, Shelby, Spencer, Trimble, Ballard, Calloway, Carlisle, Fulton, Graves, Livingston, McCracken, Marshall, and Hickman. Peer Support Services are considered an integral part of mental health service delivery to insure that consumers are involved at multiple levels of planning and implementation. Peer Support services are provided under the Rehab Option and providers in this setting. These services are face-to-face interventions with the consumer present to provide structured, scheduled activities that promote socialization, recovery, self-advocacy, development of natural supports, development and maintenance of community living skills, and management of symptoms under the direct supervision of a Qualified Mental Health Professional (QMHP). Consumers actively participate in decision-making and individualized personal goal setting. Services are directed toward achievement of the specific goals defined by the individual and specified in the Individual Service Plan (ISP), and provided under the direct supervision of a QMHP.

All treatment interventions are planned and carried out in a real partnership that occurs between the mental health consumer and their CMHC treatment team members including the Peer Support Specialist. The Peer Support Specialist is expected to participate in treatment planning and review pertinent to the individual's recovery and community maintenance, and assist in formulating a comprehensive treatment plan. The Peer Support Specialist in collaboration with the client and treatment team shall provide goals for the ISP that include structured therapeutic activities promoting the achievement of specific objectives that have been defined by the consumer and promote the use of self-directed recovery tools. Through bi-weekly staffing conferences with the Peer Support Specialist, the QMHP will also monitor and assure coordination of all CMHC services received by the consumer.

Services Eligibility Criteria

Consumers must be referred by a QMHP, present with a chronic or serious mental illness as defined in KRS 210.005 and be 18 years of age or older.

Provider Qualifications for Peer Support Specialist Reimbursement

1. Identify themselves as former or current consumers of mental health or dual diagnosis services and are well-grounded in their own recovery.
2. Be well grounded in their own recovery experience with at least one year between diagnosis and application to the training.
3. Hold a High School diploma or GED
4. Demonstrate basic skills in reading comprehension and written communication
5. Have demonstrated experience with leadership, including advocacy and or creation/implementation of peer-to-peer services
6. Demonstrate successful completion of a state sponsored peer support training and competency in the following areas: 1) The Recovery Model, including self-directed recovery, stages of recovery, using one's recovery story, and creating a Wellness Recovery Action Plan (WRAP); 2) The role of Peer Support Services; 3) Self-Advocacy; 4) Recovery goal setting; 5) Spirituality and recovery; 6) Teaching problem solving skills and skill building; 7) Effective listening.
7. Upon written conditional approval from DMS, the Peer Support Specialist must demonstrate activity toward certification as a Certified Psychiatric Rehabilitation Professional (CPRP) by the US Psychiatric Rehabilitation Association (USPRA) through on-going psychiatric rehabilitation

training to maintain Medicaid reimbursement status. The Peer Support Specialist, or designee, must maintain documentation of USPRA defined Psychiatric Rehabilitation training hours, including date, place, hours, training topic, trainer and sponsor. This documentation shall be presented upon request of DMS.

8. Demonstrate attainment of certification as Certified Psychiatric Rehabilitation Professional (CPRP) by the US Psychiatric Rehabilitation Association (USPRA) within four (4) years of written conditional approval by DMS. Should certification not be obtained with the defined time period, peer support services performed by the Peer Support Specialist shall not be reimbursed by Medicaid until proof of CPRS has been presented and verified by DMS.
9. Once obtained, certification as a CPRS must be maintained in good standing to maintain Medicaid reimbursement for peer support services. DMS shall be notified immediately of any change in CPRS status.

Supervision

A Peer Support Specialist must receive direct supervision by a QMHP. The QMHP shall assure that the Peer Support Specialist provides services in a safe, efficient manner in accordance with accepted standards of clinical practice and certification standards for Certified Psychiatric Rehabilitation Professional (CPRP) as outlined by the USPRA. The QMHP is required to attend and chair an individual supervisory meeting with the Peer Support Specialist during which administrative and individual caseload treatment issues are considered. At a minimum, this regular staffing will occur every two weeks. The QMHP will monitor and assure proper coordination of all CMHC services received by the consumer. All service notes written by the Peer Support Specialist shall be reviewed and co-signed by the supervisor. A supervisory note shall be documented, at a minimum, on a monthly basis. The Peer Support Specialist is also expected to attend and be actively involved in treatment team meetings for their individual clients.

Modalities

Peer Support Services may be provided on an individual or group basis. The individual service location may be on or off-site as indicated by the ISP.

Limitations

Group services provided by a Peer Support Specialist shall not exceed eight (8) consumers. Peer Support Services shall not exceed existing service limits: three (3) hours of Individual service per day and three (3) hours of group service per day; alone or in combination, with other therapeutic rehabilitation services. MMIS edits will deny claims which exceed these service limits.

Reimbursement and Coding Summary

Billing Code	Modifier	Provider Type	TX Type	Description	Unit	Unit Rate	Hour Rate
90804	HE	PSS	Ind	PSS-Individual	15 mins	\$9.00	\$36.00
90853	HE	PSS	Grp	PSS-Group	15 mins	\$4.50	\$18.00

TN No.: 08-013

Supersedes

TN No.: None

Approval Date: _____

Effective Date 1/1/2009

Peer Support Specialist
Fiscal Impact
FFY 2009 and 2010

	Seven Counties	Four Rivers	Total
PSS			
90804 rate per 15 minute unit	\$ 9.00	\$ 9.00	
90853 rate per 15 minute unit	\$ 4.50	\$ 4.50	
Estimated 90804 units for FFY 08-09 beginning 1/1/09	9,448	360	
Estimated 90853 units for FFY 08-09 beginning 1/1/09	6,732	720	
Estimated 90804 Payment	\$ 85,032.00	\$ 3,240.00	
Estimated 90853 Payment	\$ 30,294.00	\$ 3,240.00	
Total PSS Payment for FFY 08-09 beginning 1/1/09	\$ 115,326.00	\$ 6,480.00	\$ 121,806.00
Mental Health Associate			
90804 rate per 15 minute unit	\$ 29.20	\$ 31.05	
90853 rate per 15 minute unit	\$ 8.16	\$ 6.93	
Estimated 90804 Payment	\$ 275,881.60	\$ 11,178.00	
Estimated 90853 Payment	\$ 54,933.12	\$ 4,989.60	
Total if same units performed by a Mental Health Associate Payment	\$ 330,814.72	\$ 16,167.60	\$ 346,982.32
FFY 08-09 beginning 1/1/09 Total Fiscal Impact Savings			\$ 225,176.32
FFY 09-08 with the additional quarter and a 10% increase in PSS capacity and savings		\$ 300,235.09	\$ 330,258.60